

Certificate of Need Application Form
(May 2007)

Name of Applicant	Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals Eleanor Slater Hospital
Title of Application	Pastore Campus Consolidation
Date of Submission	October 28, 2010

Please identify the date of submission/establishment of the following:

Application Fee	NA
Agreement for use of consultants/experts	NA

Pursuant to Chapter 15, Title 23 of The General Laws of Rhode Island, 1956, as amended, and Rules and Regulations for Determination of Need for New Health Care Equipment and New Institutional Health Services (R23-15- CON).

All questions concerning this application should be directed to the Office of Health Systems Development at (401) 222-2788.

Please have the appropriate individual attest to the following:

"I hereby certify that the information contained in this application is complete, accurate and true."

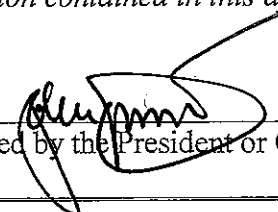

signed and dated by the President or Chief Executive Officer

Table of Contents:

Question Number/Appendix	Page Number/Tab Index
1	3
2	3
3	3
4	3
5	4
6	4
7	4
8	4
9	4
10	4
11	5
12	5
13	6
14 A	7
14 B	8
14 C	9
14 D	9
14 E	9
14 F	10
14 G	10
14 H	11
14 I	11
14 J	11
15 A	12
15 B	12
15 C	12
16	12
17	12
18	12
19 A	13
19 B	13
20	13
21	14
22	14
Hospital Admissions, Discharges and Transfers Policy	Tab A
23	14
24	15
25 A	15
25 B	15
26	16
27 A	17
27 B	18
27 C	18

Table of Contents:

Question Number/Appendix	Page Number/Tab Index
28	19
29	19
30	19
31	19
32	19
33	20
34	20
35	21
36	23
37 A	23
37 B	23
37 C	24
37 D	24
37 E	24
38 A	25
38 B	25
38 C	25
39	25
40	26
41 A	26
41 B	26
41 C	26
41 D	26
42	26
43	27
44 A	27
44 B	27
45	27
46	27
47 A	28
Letter of Support from State Budget Officer	Tab B
47 B	28
47 C	28
Appendix A	29
Appendix B	31
Appendix C <i>not applicable</i>	32
Appendix D	35
Varley Floor Plan	Tab C
Appendix E <i>not applicable</i>	40
Appendix F <i>not applicable</i>	42
Appendix G	43
Eleanor Slater Hospital Organizational Chart	Tab D

1.) Executive Summary of the Proposal (please confine to the space provided.):

The Hospital operates in four remotely-sited buildings (eleven patient care units) on the Pastore Campus in Cranston. With one exception, all of these buildings were built in 1938, based upon a different style and standard of patient care, and have not been well-maintained over the years. The logistics of supplying and supporting the remote site layout is significant, and the relatively small unit size makes inefficient use of direct care staff. Several of these buildings do not meet current hospital building standards, and the costs to upgrade them would be significant.

The Capital Budget for FY2011-2015, approved by the Governor and the General Assembly, authorizes a \$27.7 million program that will renovate two buildings (James Varley and Manuel Mathias) adjacent to the Regan Building and connected to Regan and to each other by a continuous corridor. Upon completion (2013), the Varley/Mathias building system will house all of the psychiatric treatment programs, including the Forensic Unit, and the Phillipe Pinel. Adolph Meyer, and Johannes Virks Buildings will be vacated as Hospital buildings.

While the proposal does not involve changes (additions or reductions) in either patient census or staff, staff utilization will improve as a result of existing staff being deployed over fewer, larger units, reducing the reliance on overtime. The patient care environment will be improved by renovation to a current-day design. Building efficiency will be dramatically improved by "greener" systems design.

As a result of the consolidation of Hospital operations, the vacated buildings will become available for alternate use and renovation to house the DCYF headquarters and the Girls' Training School (with an accompanying savings of current leasehold expense), and two residential substance abuse programs.

2.)

Capital Cost	\$27,300,000	From response to Questions 27 and 28
Operating Cost	\$126,922,000	For the first full year after implementation, from response to Question 35
Date of Proposal Implementation	December/2013	Month and year

3.) Name and address of the applicant:

Name: Eleanor Slater Hospital	Telephone: (401)462-3666
Address: 111 Howard Ave., Cranston, RI	Zip Code: 02920

4.) Name and address of facility (if different from applicant): **Not Applicable**

Name:	Telephone:
Address:	Zip Code:

5.) Information of the Chief Executive Officer:

Name: John R. Young	Telephone: (401)462-2319
Address: 111 Howard Avenue, Cranston, RI	Zip Code: 02920
E-Mail: jyoung@bhddh.ri.gov	Fax: (401)462-3679

6.) Information for the person to contact regarding this proposal:

Name: John R. Young	Telephone: (401)462-2319
Address: 111 Howard Avenue, Cranston, RI	Zip Code: 02920
E-Mail: jyoung@bhddh.ri.gov	Fax: (401)462-3679

7.) Facility license number: H0500102
Medicare provider number: 41-2001

8.) Please identify the type of review being requested:

	Check off:	Requirements:
Regular		No additional requirements
Expeditious	X	Complete Appendix A
Accelerated		Provide a letter from the state agency identifying and preliminarily determining that there is a prima facie demonstration of public need and affordability for the proposal

9.) Select the category that best describes the facility named in Question 4.

- ☒ Hospital
- ☐ Nursing facility
- ☐ Inpatient rehabilitation center (including drug/alcohol treatment centers)
- ☐ Freestanding ambulatory surgical center
- ☐ Inpatient hospice
- ☐ Other (specify) _____

10.) Please identify whether the applicant is non-profit ☒ or for-profit _____.

11.) Please select each and every category that describes this proposal.

- A. ☐ construction, development or establishment of a new healthcare facility
- B. ☒ a capital expenditure for
 - 1. ☐ health care equipment in excess of \$1,000,000
 - 2. ☒ construction or renovation of a health care facility in excess of \$2,000,000
 - 3. ☐ an acquisition by or on behalf of a health care facility or HMO by lease or donation
 - 4. ☐ acquisition of an existing health care facility, if the services or the bed capacity of the facility will be changed, in the following ways:
 - a. ☐ change in bed capacity which increases the total number of beds.
 - b. ☐ change in bed capacity which redistributes beds among discrete services (e.g., obstetrics, pediatrics, medical, surgical) or levels of care (e.g., intensive coronary, special, post acute, skilled nursing, intermediate, rehabilitative) or relocates beds from one physical facility or site to another by ten (10) beds or 10%, whichever is less, in any two year period.
 - c. ☐ the addition of a health service not provided in or through the facility throughout the previous twelve (12) months.
 - d. ☐ the termination of a health service provided in or through the facility.
- C. ☐ any capital expenditure which results in an increase in bed capacity of a hospital and inpatient rehabilitation centers (including drug and/or alcohol abuse treatment centers).
- D. ☐ any capital expenditure which results in an increase in bed capacity of a nursing facility in excess of 10 beds or 10% of facility's licensed bed capacity, which ever is greater.
- E. ☐ the offering of a new health service with annualized costs in excess of \$750,000
- F. ☐ predevelopment activities not part of a proposal, but which cost in excess of \$2,000,000
- G. ☐ establishment of an additional inpatient premise of an existing inpatient health care facility
- H. ☐ tertiary or specialty care services

12.) Select and complete the Appendixes applicable to this application:

Appendix	Check off:	Required for:
A	<input checked="" type="checkbox"/>	Accelerated review applications
B	<input checked="" type="checkbox"/>	Applications involving provision of services to inpatients
C	<input type="checkbox"/> Not Applicable	Nursing Home applications
D	<input checked="" type="checkbox"/>	All applications
E	<input type="checkbox"/> Not Applicable	Applications with healthcare equipment costs in excess of \$1,000,000
F	<input type="checkbox"/> Not Applicable	Applications with debt or lease financing
G	<input checked="" type="checkbox"/>	All applications

- 13.) Please discuss the relationship of this proposal to any state health plans that may have been formulated by the state agency and are relevant to the proposal, including 'Healthy People 2010'.

In 2004, Rhode Island adopted a plan entitled, "A Healthier Rhode Island by 2010" to promote the development of a healthier state population in concert with "Healthy People 2010," a national health initiative. Within this plan, the State of Rhode Island specifically targeted two mental health objectives:

Objective 6-1: Increase the proportion of adults with recognized depression who receive treatment (National Objective 18-9b).

Objective 6-2: Reduce the suicide rate (National Objective 18-1).

At the time of its preparation, the plan noted that only 51% of Rhode Island adults with recognized depression received treatment; the objective seeks to raise that percentage to 75%. Further, the suicide rate in Rhode Island was 10 per 100,000 for all ages; the objective is to reduce that rate to 4 per 100,000. The State's interventions for accomplishing these objectives included the following:

- Continue to build the science base;
- Overcome stigma;
- Ensure the supply of mental health services and providers;
- Ensure the delivery of state-of-the-art treatments;
- Facilitate entry into treatment;
- Further inter-agency collaboration;
- Enhance opportunities for professional training;
- Promote workforce diversity;
- Expand interdisciplinary training;
- Improve coordination among service providers.

While Eleanor Slater Hospital endorses the objectives and interventions cited, both "A Healthier Rhode Island by 2010" and "Healthy People 2010" address issues affecting the behavioral health needs of the general population, rather than those patients who require long-term chronic psychiatric inpatient treatment.

This proposal sustains Eleanor Slater's continued ability to provide quality, state-of-the-art treatment to our patients, and to provide continued entry to our treatment capacity.

- 14.) On a separate sheet of paper, please discuss the proposal and present the demonstration of the public need for this proposal. Description of the public need must include at least the following elements:

Proposal Description

Eleanor Slater Hospital proposes to renovate two vacant connected buildings on the Pastore Campus in Cranston to serve as the new consolidated site of all of its psychiatric treatment services. The James Varley and Manuel Mathias Buildings were built to serve geriatric patients in the 1950's, at a time what was then the Howard Center served as many as four thousand (4,000) patients.

The Hospital's psychiatric treatment programs are currently deployed over four remote-site buildings on the Pastore Campus. Three of these (Johannes Virks, Phillippe Pinel, and Adolph Meyer) were built in the last 1930's, and have been inadequately maintained over time; it is the Hospital's assessment that none of these buildings meet current building standards, and would require substantial renovation to achieve minimal compliance.

The proposed renovations will result in a significantly improved treatment environment, employing modern building systems. No change in current census or staffing is intended, and the seven patient care units will each have a capacity of twenty (20) patients.

The proposed renovation project will yield a more therapeutically appropriate treatment environment that is, at the same time, more efficient in terms of staff utilization.

- A. Please discuss all distinct components of the proposal and complete the table:

Proposed Components:	Capital Costs	Operating Costs	Incremental staff (by category)
Mathias	\$15,100,000	\$29,845,904	NA
Varley	\$12,610,000	\$22,384,428	NA
	\$27,710,000	\$52,230,332	NA

- B. Identify and include, over the last 3 years, all reports by consultants engaged by the state agency for similar proposals, if any. Please summarize the findings, including current and projected findings of public need, for all such reports.

Over the last several years, two Certificate of Need applications relevant to behavioral health services have been submitted to the RI Department of Health for which reports have been prepared as part of their review by the Health Services Council, namely:

- Assessment of Need for Renovation of Beds at Bradley Hospital by Donna Mauch, Ph.D., May 2007 and
- Hospital Market Concentration and Market Share in Rhode Island by Harvey Zimmerman of Spectrum Research Services.

The former focused on the need for behavioral health services for children and adolescents in Rhode Island, as well as the need for renovated facilities. The analysis did not address needs for inpatient psychiatric services for adult patients, and did not differentiate between acute and long-term (chronic) care.

The latter addressed the potential change in market power of the proposed affiliation of Roger Williams and St. Joseph Hospitals on adult psychiatric services, concluding that the market was already highly concentrated and that the affiliation would increase the concentration. The summary for the impact of the proposed affiliation across all services was that it would be 'likely to create or enhance market power or facilitate its exercise. In preparing the assessment of market demand for inpatient psychiatric beds for adults, studies were found that directly related to the needs of this population in Rhode Island.

Depression and Health Risks Among Rhode Island Adults in 2006; Rhode Island Department of Health, Center for Health) :

- Nine (9) of every hundred adults in Rhode Island have moderate to severe depression, or 90 cases per 1,000 adults.
- More than half of those with moderate to severe depression never, rarely, or only sometimes get the social/emotional support they need.
- Twenty-five percent of those with moderate to severe depression lack health care coverage.
- Persons with moderate to severe depression are at greater risk for several important health risks, e.g., smoking, sedentary lifestyle.
- People with moderate to severe depression more frequently have compromised health than other persons, e.g., asthma, obesity, physical disability.
- Five percent of all adults experience serious psychological distress Seventeen percent of adult women are taking medicine or receiving treatment for a mental health condition or emotional problem, as compared to 10% of adult men.

In summary, the above studies found ranges of serious psychological stress ranging from 50 per 1,000 adults to 170 per 1,000 adults.

A study conducted by Butler Hospital found that the discharges from psychiatric beds among Rhode Island adults averaged 17.28 per 1,000 adults in 2008. This reflects a disparity in need and provision of services, recognizing that not all adults with serious psychological stress need to be hospitalized. However, this may account for the increase in demand for psychiatric beds and the challenges posed by the psychiatric population on emergency rooms.

There is no evidence of consultant reports addressing the special need for long-term chronic psychiatric inpatient care.

- C. Identify the documented availability and accessibility problems, if any, of all existing facilities, equipments and services available in the state similar to the one proposed herein:

Name of Facility/Service Provider	List similar type of Service/Equipment	Documented Availability Problems (Y/N)	Documented Accessibility Problems (Y/N)	Distance from Applicant (in miles)
See Below				

While acute psychiatric inpatient capacity for adults exists at Rhode Island Hospital, Butler Hospital, Kent Hospital, Newport Hospital, the Charter Care facilities (Roger Williams and Our lady of Fatima), and Landmark Hospital, none of these units are designed to deal with patients who require long-term (chronic) psychiatric care.

- D. Please discuss the extent to which the proposed service or equipment, if implemented, will not result in any unnecessary duplication of similar existing services or equipment, including those identified in (C) above.

Eleanor Slater Hospital is a Long Term Acute Care Hospital; its psychiatric treatment programs are designed for patients who require long-term (chronic) psychiatric treatment. As such, it serves a unique niche, with the other psychiatric units in the State attending to the short-term acute population.

- E. Please provide the following with regards to the applicant's service area:

- a. Identify the cities and towns that comprise the primary and secondary service area of the facility. Identify the size of the population to be served by this proposal and (if applicable) the projected changes in the size of this population.

Eleanor Slater Hospital services a state-wide population. The psychiatric census served by the Hospital has fluctuated between one hundred thirty (130) to one hundred forty (140) patients for several years. This proposal supports an effective bed capacity of one hundred forty (140).

- b. Identify the demographics of the population to be served by this proposal and (if applicable) the projected changes in the demographics of this population, using the format below:

	Actual – FY2010	Projected – FY2011
Population of total service area (census)	273.4	275
Race: (number & %)		
White	220 – 80.4%	220 – 80%
Non-White	53 – 19.6%	55 – 20%
Gender		
Male	176 – 64.4%	179 – 65%
Female	97 – 35.6%	96 – 35%
Three most commonly spoken languages other than English	NA	NA
Age Profile (number & %):		
Age 00-19		
Age 20-44	57 – 21.5%	59 – 21.5%
Age 45-64	158 – 58%	160 – 58%
Age 65-84	51 – 18.6%	52 – 19%
Age 85+	5 – 1.8%	4 – 1.5%
% of Uninsured	12 – 4.4%	12 – 4%

- F. Identify the health needs of the population in (E) relative to this proposal.

Eleanor Slater Hospital serves patients who have long-term (chronic) psychiatric treatment needs, many of whom represent a danger to themselves or others as a consequence of their self-injuring or assaultive behaviors. Their safety needs are met by close supervision on secure units, although many enjoy grounds privileges.

Most have experienced multiple failures of community placements, or have been Court-ordered to our care.

- G. Identify utilization data for the past three years (if existing service) and as projected through the next three years, after implementation, for each separate area of service affected by this proposal. Please identify the units of service used.

Actual (last 3 years)	FY2008	FY2009	FY2010
Hours of Operation	61,320	61,320	61,320
Utilization (#) (average census)	314.3	285.4	273.4
Throughput Possible (#)	365	300	285
Utilization Rate (%)	86.1	95.1	95.9

Projected	FY2011	FY2012	FY2013
Hours of Operation	61,320	61,320	61,320
Utilization	265	265	265
Throughput Possible	275	275	275
Utilization Rate (%)	96.4	96.4	96.4

- H. Identify what portion of the need for the services proposed in this project is not currently being satisfied, and what portion of that unmet need would be satisfied by approval and implementation of this proposal.

The Hospital currently satisfies demand for its core psychiatric population. Approval and implementation of this proposal assures that this capacity is not sacrificed because of chronic building deficiencies.

- I. Identify and evaluate alternative proposals to satisfy the unmet need identified in (H) above, including developing a collaborative approach with existing providers of similar services.

The Hospital considered, and its previous Capital Budget reflected, renovation of the current building stock on the Campus. That approach was rejected in favor of this proposal based on the following considerations:

- The estimated cost to bring the three buildings proposed to be vacated into code compliance exceeded the cost of this proposal;
- The unit size in the buildings proposed to be vacated are relatively small, ranging from twelve (12) to sixteen (beds), with only one unit holding twenty (20) patients, albeit in a very cramped, poorly maintained space;
- The unit size proposed for this project, at twenty (20) patients, is much more efficient, with respect to staff utilization;
- The design concept devotes much larger activities spaces than are possible in the currently occupied space; and
- Consolidation into a "hospital zone" of three closely-sited buildings connected by a continuous corridor, makes building support logistically simpler.

- J. Provide a justification for the instant proposal and the scope thereof as opposed to the alternative proposals identified in (I) above.

It is generally estimated that the current proposal will cost five million dollars (\$5,000,000) or more less than renovation of the buildings proposed to be vacated. Additionally, the Hospital conservatively estimates a personnel savings (all or nearly all resulting from a reduction in overtime) of \$1,000,000, based on larger, more economically-sized units, as well as the costs associated with supporting scattered-site buildings. The State realizes other savings (not attributable to the operation of the Hospital) as a consequence of making the buildings proposed to be vacated available for alternate use.

- 15.) A. Please identify and include a reference to any published reports of epidemiological or clinical studies questioning any of the efficacy and appropriateness of the proposed health service or equipment. Please provide an executive summary of these findings. Please attach all such reports (limit to 5 reports).

We believe this to be non-applicable, as this is not a proposal for new or additional services and equipment.

- B. Please identify any and include a reference to any published report of epidemiological or clinical studies supporting the efficacy and appropriateness proposed health service or equipment. Please provide an executive summary of these findings. Please attach all such reports (limit to 5 reports).

We believe this to be non-applicable, as this is not a proposal for new or additional services and equipment.

- C. Please comment on the efficacy (i.e demonstrated effect on health status) of the new service and/or new health care equipment proposed herein in consideration of the response to (A) and (B) above.

We believe this to be non-applicable, as this is not a proposal for new or additional services and equipment. However, the leadership of the Hospital does believe that an improved patient care environment, supported by modern building infrastructure systems, will generally improve the quality of care delivered to our patients.

- 16.) Please identify what other areas of service, if any, would be likely to require development at some time as a direct result of this proposal. Please specify what consequent capital, operating and equipment costs might be expected related to the other areas of service, the date of the additional project undertaking and the date of the additional project completion.

There are no other areas of service that would be likely to require development as a direct consequence of this proposal.

- 17.) Please discuss the relationship of the proposal to any long-range capital improvement plan of the applicant.

There are no other long-term plans related to this proposal.

- 18.) Please discuss the potential impact and effectiveness of the proposal in responding to public health emergencies.

This proposal supports Eleanor Slater's role during public health emergencies: responding to surge during public health emergencies. At need, the building system

can be expanded to accommodate more patients for short periods, by use of day rooms and other available space.

- 19.) The RI Department of Health defines health disparities as inequalities in health status, disease incidence, disease prevalence, morbidity, or mortality rates between populations as impacted by access to services, quality of services, and environmental triggers. Disparately affected populations may be described by race & ethnicity, age, disability status, level of education, gender, geographic location, income, or sexual orientation.

A. Please describe all health disparities in the applicant's service area. Provide all appropriate documentation to substantiate your response including any assessments and data that describe the health disparities.

The Rhode Island department of Health has published "*A Healthier Rhode Island by 2010*", which identifies health disparities that exist within the population of Rhode Island, one of which lies in the domain of mental health. Mental health issues, including the need for inpatient psychiatric care, cover the full range of the population.

B. Discuss the impact of the proposal on reducing and/or eliminating health disparities in the applicant's service area.

This proposal does not include new or additional services, but the renovations that are planned will help sustain the current inpatient psychiatric services currently provided by Eleanor Slater Hospital.

- 20.) Please identify what dollar amount and percent of charity care the applicant projects providing with regards to the healthcare services and/or equipment that is being proposed (separately for each such component of the proposal). Please identify how the applicant developed these projections and what actions the applicant will undertake to ensure that it meets its proposed charity care projections.

As a state-operated hospital, nearly all costs are underwritten by appropriated funds (state general revenue, state/federal Medicaid) supplemented by other payors (e.g., Medicare). More than ninety-five per cent (95%) or more of the Hospital's patients qualify for public health programs.

21.) Please identify the performance of the applicant or in cases of newly formed applicants of all of its parent and/or sister entities (as identified in response to Appendix G #5) with regards to provision of charity care and access by racial and/or ethnic minorities for the most recent three full fiscal years (separately for each such entity).

	FY2008		FY2009		FY2010	
Payor Mix	\$	%	\$	%	\$	%
Medicare	3,646,515	3.7	3,562,920	3.7	2,088,967	2.1
RI Medicaid	91,067,896	93.2	91,185,927	93.5	93,714,384	95.2
Non-RI Medicaid	NA		NA		NA	
RIteCare	NA		NA		NA	
Blue Cross	413,254	0.4	258,893	0.3	204,043	0.2
Commercial	128,363	0.1	92,506	0.1	160,087	0.2
HMO's	NA		NA		NA	
Self Pay	2,061,090	2.1	1,794,677	1.8	1,928,057	2.0
Charity Care*	NA**		NA**		NA**	
Other: DOC	402,179	0.4	625,646	0.6	366,645	0.4
Total	97,719,297	100.0	97,520,569	100.0	98,462,183	100.0

*charity care - means health care services provided without charge, for which there is no expectation of payment, and which is not recognized as either a receivable, revenue or bad debt.

** As a public institution, Eleanor Slater Hospital is appropriated state general revenue to support any patient who has no other means of payment and does not qualify for federal matching programs, such as Medicare and Medicaid. Disproportionate Share Hospital (DSH) payments are not included in these totals.

Patient Days	FY2008		FY2009		FY2010	
	#	%	#	%	#	%
Minority	96,199	83.9	85,212	81.8	80,180	80.4
Non-Minority	18,509	16.1	18,947	18.2	19,599	19.6
Total	114,708	100.0	104,159	100.0	99,779	100.0

22.) Please provide a copy of the applicant's charity care policies and procedures and charity care application form.

A copy of the Hospital Admission Policy is enclosed.

23.) Please discuss how the proposal will help remove transportation, design, structural, cultural and linguistic, and financial barriers to improve access to the facility (separately for each component).

The proposal will remove logistical barriers that currently limit patients' access to certain types of activities and supports, caused by remote siting. For example: our psychogeriatric patients housed in the Regan and Virks Buildings have little or no access to off-unit activities offered to patients in the Adolph Meyer Building; and

patients in the Adolph Meyer and Pinel Buildings requiring clinic care need to be transported by van.

The age, condition, and layout of the buildings proposed to be vacated govern, in some ways, how patients can be treated and supported. Clinical support and recreational activities are difficult to provide on patient care units because of space constraints, which means that many patients need to be transported to access these services. Larger program space will make it possible to transport services to units in addition to transporting patients out.

Sub-division of each unit into "sub-units" will also make it possible to provide more focused treatment and services to small group of patients with common specialized needs.

The proposal will make no changes with respect to cultural and linguistic or financial barriers.

- 24.) Please discuss the extent to which the applicant offers a range of means by which a person will have access to its services (e.g., outpatient services, admission by house staff, admission by personal physician).

Access to Hospital services is gained by inpatient admission by the Hospital Medical staff. Referrals are possible from a range of sites, including from home, but the most common point of admission is from a community hospital.

- 25.) Please address the following:

- A. Please discuss the extent to which the physicians privileged to admit patients to this facility have offices in designated poverty areas or practice at federally qualified community health centers (identify the number of such physicians and what percent they represent).

All physicians with admitting privilege are full-time (or part-time) Hospital staff or paid consultants. To our knowledge, none of our credentialed physicians have offices in designated poverty areas or practice at federally qualified community health centers. The Zambarano Campus is in a health care shortage area, and we have six (6) physicians at that campus.

- B. Please identify what number and percent of staff of applicant's staff practice in designated poverty areas and/or practice at federally qualified community health centers.

None of our staff, to the best of our belief and knowledge practice in designated poverty areas or practice at federally qualified community health centers.

26.) In cases where a reduction, termination, interruption, or relocation of a service is contemplated, please discuss plans for accommodating the needs of the population, including low-income persons, racial and ethnic minorities, women, handicapped persons and the elderly.

No reduction, termination, or interruption of service is intentioned by this proposal. While patient care services will be re-located as a result of the consolidation of buildings, these buildings are within a half-mile radius of the proposed "hospital zone".

27.) A) Please itemize the capital costs of this proposal. Present all amounts in thousands (e.g., \$112,527=\$113). If the proposal is going to be implemented in phases, identify capital costs by each phase.

CAPITAL EXPENDITURES		
	Amount	Percent of Total
Survey/Studies	\$60	0.2%
Fees/Permits	\$40	0.1%
Architect	\$2,700	9.7%
"Soft" Construction Costs	\$2,800	10.1%
Site Preparation	\$150	0.5%
Demolition	\$300	1.1%
Renovation	\$21,960	79.2%
New Construction	\$0	0%
Contingency	\$2,500	9.0%
"Hard" Construction Costs	\$24,910	89.9%
Furnishings	NA	NA
Movable Equipment	NA	NA
Fixed Equipment	NA	NA
"Equipment" Costs	NA	NA
Capitalized Interest	NA	NA
Bond Costs/Insurance	NA	NA
Debt Services Reserve ¹	NA	NA
Accounting/Legal	NA	NA
Financing Fees	NA	NA
"Financing" Costs	NA	NA
Land	NA	NA
Other (specify)	NA	NA
"Other" Costs	NA	NA
TOTAL CAPITAL COSTS	\$27,710	100%

¹ Should not exceed the first full year's annual debt payment.

The costs associated with renovations to the James Varley Building total \$15.1 million.

The costs associated with renovations to the Manuel Mathias Building total \$12.6 million.

B.) Please provide a detailed description of how the contingency cost in (A) above was determined.

The contingency for the portion of the project pertaining to the Varley Building was taken as a percentage (11.2%) of the total probable construction cost, as is usually done when preparing preliminary cost estimates for a project (contingencies can range between 10-15 %). The contingency for the Mathias Building is set at ten per cent (10% because it is a lower level of renovation and therefore will present fewer unknowns; also, it does not have the high security requirements of the Varley building.

C.) Given the above projection of the total capital expenditure of the proposal, please provide an analysis of this proposed cost. This analysis must address the following considerations:

1. The financial plan for acquiring the necessary funds for all capital and operating expenses and income associated with the full implementation of this proposal, for the period of 6 months prior to, during and for three (3) years after this proposal is fully implemented, assuming approval.

All funding for this proposal, both capital and operating, is appropriated in the Rhode Island State Budget.

2. The relationship of the cost of this proposal to the total value of your facility's physical plant, equipment and health care services for capital and operating costs.

The Varley Building value is \$12,367,914, and the content value is \$561,711. The Mathias Building value is \$12,695,743, and the content value is \$1,330,581. This proposal represents 122% of the value of the Varley Building, and 99% of the Mathias Building, respectively.

3. A forecast for inflation of the estimated total capital cost of the proposal for the time period between initial submission of the application and full implementation of the proposal, assuming approval, including an assessment of how such inflation would impact the implementation of this proposal.

We assume that construction inflation will remain relatively flat, at the current rate of one- to two- per cent per year (1-2%). Our process includes a professional, independent cost estimate requirement. We will not know what the actual projected cost estimate will be until those services are performed. After that review, our capital plan will be adjusted. The cost estimate standard requires that the amounts be brought forward to the likely bidding date and include industry standards for expected inflation

- 28.) Please indicate the financing mix for the capital cost of this proposal. **NOTE:** the Health Services Council's policy requires a minimum 20 percent equity investment in CON projects (33 percent equity minimum for equipment-related proposals).

Source	Amount	Percent	Interest Rate	Terms (Yrs.)	List source(s) of funds (and amount if multiple sources)
Equity*	\$27,710,000	100%	NA	NA	Rhode Island Capital Funds, appropriated through the Rhode Island State Budget
Debt**	NA	NA	NA		
Lease**	NA	NA	NA		
TOTAL	\$27,710,000	100%			

* Equity means non-debt funds contributed towards the capital cost of an acquisition or project which are free and clear of any repayment obligation or liens against assets, and that result in a like reduction in the portion of the capital cost that is required to be financed or mortgaged (R23-15-CON).

** If debt and/or lease financing is indicated, please complete Appendix F.

- 29.) Will a fundraising drive be conducted to help finance this approval? Yes ___ No X

- 30.) Will a feasibility study be conducted of fundraising potential? Yes ___ No X

- If the response to Question 45 is 'Yes', please provide a copy of the feasibility study.

- 31.) Will the applicant apply for state and/or federal capital funding? Yes ___ No X

- If the response to Question 27 is 'Yes', please provide the source: _____, amount: _____, and the expected date of receipt of those monies: _____.

- 32.) Please calculate the yearly amount of depreciation and amortization to be expensed.

Depreciation/Amortization Schedule - Straight Line Method					
	Improvements	Equipment		Amortization	Total
		Fixed	Movable		
Total Cost	\$27,710,000	NA	NA	NA	\$ 27,710,000
(-) Salvage Value	\$ 0	NA	NA	NA	\$ 0
(=) Amount Expensed	\$27,710,000	NA	NA	NA	\$27,710,000
(/) Average Life (Yrs.)					

We will depreciate this expense over twenty years, at a straight-line rate of \$1,385,500 per year.

1 Must equal the total capital cost (Question 42 above) less the cost of land and less the cost of any assets to be acquired through lease financing

2 Must equal the incremental "depreciation/amortization" expense, column -5-, in Question 49 (below).

33.) For the first full operating year of the proposal (identified in Question 49 below), please identify the total number of FTEs (full time equivalents) and the associated payroll expense (including fringe benefits) required to staff this proposal. Please follow all instructions and present the payroll in thousands (e.g., \$42,575=\$43).

Personnel	Existing		Additions/(Reductions)		New Totals	
	# of FTEs	Payroll W/Fringes	# of FTEs	Payroll W/Fringes	# of FTEs	Payroll W/Fringes
Medical Director	1	\$ 254,754	NA	\$0	1	\$ 277,682
Physicians	23	\$ 4,450,971	NA	\$0	23	\$ 4,851,558
Administrator	12	\$ 1,908,921	NA	\$0	12	\$ 2,080,723
RNs	150.2	\$ 19,834,493	NA	\$0	150.2	\$ 21,619,597
LPNs	4	\$ 420,750	NA	\$0	4	\$ 458,617
Nursing Aides	329	\$ 21,931,019	NA	\$0	329	\$ 23,904,811
PTs	NA	\$	NA	\$0	NA	\$
OTs	NA	\$	NA	\$0	NA	\$
Speech Therapists	NA	\$	NA	\$0	NA	\$
Clerical	31	\$ 2,005,810	NA	\$0	31	\$ 2,186,333
Housekeeping	63	\$ 3,602,469	NA	\$0	63	\$ 3,926,691
Other: (specify)	258	\$ 19,494,027	NA	\$0	258	\$ 21,248,492
TOTAL	881.2	\$ 73,903,214		\$0	881.2	\$80,554,503

1 Must equal the incremental "payroll w/fringes" expense in column -5-, Question 49 (below).

INSTRUCTIONS:

- "FTEs" Full time equivalents, are the equivalent of one employee working full time (i.e., 2,080 hours per year)
- "Additions" are NEW hires;
- "Reductions" are staffing economies achieved through attrition, layoffs, etc. It does NOT report the reallocation of personnel to other departments.

34.) Please describe the plan for the recruitment and training of personnel.

No recruitment is planned as a direct result of this proposal. It is probable that relocated staff will need to be re-oriented, and trained in new practices and protocols that may develop over time.

35.) Please complete the following pro-forma income statement for each unit of service. Present all dollar amounts in thousands (e.g., \$112,527=\$113). Be certain that the information is accurate and supported by other tables in this worksheet (i.e., "depreciation" from Question 47 above, "payroll" from Question 48 above). If this proposal involved more than two separate "units of service" (e.g., pt. days, CT scans, outpatient visits, etc.), insert additional units as required.

PRO-FORMA P & L STATEMENT FOR WHOLE FACILITY					
	Actual Previous Year 2010 (1)	Budgeted Current Year 2011 (2)	<-- FIRST FULL OPERATING YEAR 2014 -->		
			CON Denied (3)	CON Approved (4)	Incremental Difference (5)
REVENUES:					
Net Patient Revenue	\$107,230	\$111,691	\$121,743	\$121,743	\$121,743
Other:	NA	NA	NA	NA	NA
Total Revenue	\$107,230	\$111,691	\$121,743	\$121,743	\$121,743
EXPENSES:					
Payroll w/Fringes	\$71,355	\$73,903	\$80,554	\$80,554	\$80,554
Bad Debt					
Supplies	\$3,399	\$3,540	\$3,859	\$3,859	\$3,859
Office Expenses	\$67	\$70	\$82	\$82	\$82
Utilities	\$4	\$4	\$5	\$5	\$5
Insurance	\$331	\$345	\$376	\$376	\$376
Interest	\$47	\$49	\$ 53	\$ 53	\$ 53
Depreciation/Amortization	\$794	\$827	\$ 2,286	\$ 2,286	\$ 2,286
Leasehold Expenses	\$1	\$2	\$2	\$2	\$2
Other: (specify RIDOC)	\$34,972	\$36,427	\$39,705	\$39,705	\$39,705
Total Expenses	\$110,971	\$115,167	\$ 126,922	\$ 126,922	\$ 126,922
OPERATING PROFIT:	\$(3,740)	\$(3,476)	\$(5,179)	\$(5,179)	\$(5,179)

For each service to be affected by this proposal, please identify each service and provide: the utilization, average net revenue per unit of services and the average expense per unit of service.

We believe that this is not applicable to this proposal. Eleanor Slater Hospital utilizes an all-inclusive single per diem fro all services, and does not distinguish between units and services.

Service Type:					
Service (#s):					
Net Revenue Per Unit	\$	\$	\$	\$	\$
Expense Per Unit	\$	\$	\$	\$	\$
Service Type:					
Service (#s):					
Net Revenue Per Unit	\$	\$	\$	\$	\$
Expense Per Unit	\$	\$	\$	\$	\$

INSTRUCTIONS: Present all dollar amounts (except unit revenue and expense) in thousands.

- *1* The Incremental Difference (column -5-) represents the actual revenue and expenses associated with this CON. It does not include any already incurred allocated or overhead expenses. It is column -4- less column -3-.
- *2* Net Patient Revenue (column -5-) equals the different units of service times their respective unit reimbursement.
- *3* Payroll with fringe benefits (column -5-) equals that identified in Question 48 above.
- *4* Bad Debt is the same as that identified in column -4-, Question 50 below.
- *5* Interest Expense equals the first full year's interest paid on debt.
- *6* Depreciation equals a full year's depreciation (Question 47 above), not the half year booked in the year of purchase.
- *7* Total Expense (column -5-) equals the operating expense of this proposal and is defined as the sum of the different units of service;
- *8* Net Revenue per unit (of service) is the actual average net reimbursement received from providing each unit of service; it is NOT the charge for that service.

36.) Provide an analysis and description of the impact of the proposed new institutional health service or new health equipment, if approved, on the charges and anticipated reimbursements in any and all affected areas of the facility. Include in this analysis consideration of such impacts on individual units of service and on an aggregate basis by individual class of payer. Such description should include, at a minimum, the projected charge and reimbursement information requested above for the first full year after implementation, by payor source, and shall present alternate projections assuming (a) the proposal is not approved, and (b) the proposal is approved. If no additional (incremental) utilization is projected, please indicate this and complete this table reflecting the total utilization of the facility in the first full fiscal year.

Projected First Full Operating Year: FY 2014									
Payor Mix	Implemented			Not Implemented			Difference		
	Projected Utilization [patient days]		Total Revenue	Projected Utilization [patient days]		Total Revenue	Projected Utilization [patient days]		Total Revenue
	#	%	\$	#	%	\$	#	%	\$
Medicare	2,108	2.1	2,556,603	2,108	2.1	2,556,603	0	0	0
RI Medicaid	95,557	95.2	115,899,330	95,557	95.2	115,899,330	0	0	0
Non-RI Medicaid	NA	NA	NA	NA	NA	NA	NA	NA	NA
RiteCare	NA	NA	NA	NA	NA	NA	NA	NA	NA
Blue Cross	201	0.2	243,486	201	0.2	243,486	0	0	0
Commercial	201	0.2	243,486	201	0.2	243,486	0	0	0
HMO's	NA	NA	NA	NA	NA	NA	NA	NA	NA
Self Pay	NA	2.0	2,434,860	NA	2.0	2,434,860	NA	0	0
Charity Care	NA	NA	NA	NA	NA	NA	NA	NA	NA
Other: DOC	401	0.4	424,765	401	0.4	424,765	0	0	0
TOTAL			121,243,000			121,243,000	0	0	0

37.) Please provide the following financial information:

- A. The total amount of debt currently held by the applicant, broken down into short term debt (debt which will be fully repaid within one year of the date of the filing of this application), and long term debt (debt which will take longer than one year to repay), exclusive of any debt associated with the financing of this proposal.

As a State-operated Hospital, there is no debt specific to the operation of the Hospital.

- B. The terms and conditions of any agreements entered into by the applicant and any lender (such as conditions that may be entered into under bond covenants or bank loans) prior to the filing of this application, which may deter the applicant from obtaining any additional debt.

There are no lenders involved with this proposal.

- C. Audited financial statements for the previous fiscal year and unaudited financial statements for the current fiscal year-to-date.

Eleanor Slater Hospital is included in the State Single Audit. There are no separate audited financial statements.

- D. Please complete the following table for the previous three fiscal years and year to date:

Year	Total Endowment	Restricted	Unrestricted
SFY2008	NA	NA	NA
SFY2009	NA	NA	NA
SFY2010	NA	NA	NA
Year to Date October, 2010	NA	NA	NA

- E. Please discuss the impact of approval or denial of the proposal on the future viability of the applicant and of the providers of health services to a significant proportion of the population served or proposed to be served by the applicant.

Approval of this proposal sustains the core mission of the psychiatric treatment programs offered by Eleanor Slater Hospital. Denial of this application would necessitate a fundamental re-thinking of the financial and economic viability of the Hospital services currently offered on the Cranston Campus.

38.) **A) If the applicant is an existing facility:**

Please identify and describe any outstanding cited health care facility licensure or certification deficiencies, citations or accreditation problems as may have been cited by appropriate authority. Please describe when and in what manner this licensure deficiency, citation or accreditation problem will be corrected.

There are no cited deficiencies as of this date.

B) If the applicant is a proposed new health care facility:

Please describe the quality assurance programs and/or activities which will relate to this proposal including both inter and intra-facility programs and/or activities and patient health outcomes analysis whether mandated by state or federal government or voluntarily assumed. In the absence of such programs and/or activities, please provide a full explanation of the reasons for such absence.

Not Applicable

C) If this proposal involves construction or renovation:

Please describe your facility's plan for any temporary move of a facility or service necessitated by the proposed construction or renovation. Please describe your plans for ensuring, to the extent possible, continuation of services while the construction and renovation take place. Please include in this description your facility's plan for ensuring that patients will be protected from the noise, dust, etc. of construction.

The single interim relocation of patients envisioned by this proposal is the re-location of a small number of patients currently located in the Virks Building to a vacant unit in the Adolph Meyer Building, expressly to shield them from the noise, etc. of construction. The space to be renovated is all vacant of patients, and the plan would be to re-located patients once renovation is complete.

39.) Please complete the following table by identifying all the Certificate of Need and Change Order Requests granted to the applicant for the last five years:

Year Approved	Project Description	Capital Cost of the Project (\$M)	Debt Financing (\$M)	Equity Financing (\$M)	Start Date*	Date of Completion*
	None					
	TOTAL					

* Please identify whether each date is actual or proposed.

*** The last project that would have been subject to these review provisions was the construction of the Rgean Building, which opened in 1981.**

40.) Please discuss the impact of the proposal on the community to be served and the people of the neighborhoods close to the health care facility who are impacted by the proposal.

The proposal consolidates all patient care on the near center of the Pastore Campus. As such, the surrounding neighborhoods will see no difference as a result of the renovation.

41.) Please address the following:

- A. How the applicant will ensure full and open communication with their patients' primary care providers for the purposes of coordination of care;

The Hospital Medical staff members function as the patients' primary care physicians.

- B. Discuss the extent to which preventive services delivered in a primary care setting could reduce the need for the proposed facility, medical equipment, or service and identify all such services;

All of the services covered by this proposal are inpatient services. Eleanor Slater depends on the other elements of the behavioral healthcare system to help prevent admission to Slater.

- C. Identify unmet primary care needs in your service area, including "health professionals shortages", if any (information available at Office of Primary Care and Rural Health at <http://www.health.ri.gov/disease/primarycare/hpsa-professionals.php>).

Generally not applicable, although the Hospital's Zambarano Campus qualifies as a Health Professional Shortage Area.

- D. Identify how the proposal will contribute to the improvement of areas in (A) through (C) above.

The proposal will generally improve coordination of care within the Hospital.

42.) Please discuss the relationship of the services proposed to be provided to the existing health care system of the state

There are no new services covered by this proposal. The renovations that are covered by this proposal will assist Eleanor Slater Hospital to sustain one of its core functions, in providing long-term (chronic) psychiatric inpatient care.

43.) Please identify the derivable operating efficiencies, if any, (i.e., economies of scale or substitution of capital for personnel) which may result in lower total or unit costs as a result of this proposal.

The major operating efficiencies is an estimated reduction in utilization of overtime, conservatively estimated at \$1,000,000 per year (based on more efficiently sized patient care units), plus general efficiencies realized as a consequence of not having to transport patients and support personnel to remote buildings.

44.) Please identify and describe any existing or proposed programs for achieving continuity of patient care as it may pertain to this proposal. Please specifically address the following:

- A. Any existing or proposed programs for service linkages with other health care facilities or providers pertaining to the proposed new institutional health service. Please include in the description an identification of the other health care facilities with whom linkages are proposed and a description of the type of linkages sought.

The Hospital maintains active and collegial linkages to the community hospitals and the network of community behavioral healthcare providers.

- B. The relationship of this proposal to other programs and services (current or proposed) at your facility and how the instant proposal will enhance the continuity of care at your facility.

The psychiatric treatment services are, and will continue to be, an integral part of the services offered to Eleanor Slater patients.

45.) Please identify any arrangements between the applicant and any medical schools and/or academic medical centers and describe the relationship of the proposal to such entities.

Not Applicable

46.) Please describe on a separate sheet of paper all energy considerations incorporated in this proposal.

The renovated buildings will utilize the steam and electricity from the combined cycle co-generation central plant. Steam is generated with waste heat boilers utilizing the exhaust of two gas combustion turbine generators (CTG) and an auxiliary boiler. The CTG's and steam turbines generate electricity and the system is capable to meet the needs of the entire Pastore Complex with National Grid operating in parallel for redundancy.

Heat will be provided from hot water generated from a steam convertor. Air conditioning is provided by an absorption chilled water system. Electricity is provided from the central power plant operating in parallel with National Grid and back up power is provided by an emergency generator. Domestic hot water is provided from a

steam convertor. Providence Water Supply provides domestic potable water with the pressure boosted by the central power plant.

The buildings will be designed to LEED Silver level per existing legislative requirements for current buildings.

47.) Please comment on the affordability of the proposal at the time, place and under the circumstances proposed, considering, as applicable, the definition of affordability provided in the Rules and Regulations for Determination of Need for New Health Care Equipment and New Institutional Health Services (R23-15-CON, Section 3.26) as follows: **"Affordability"** means the relative ability of the people of the state to pay for or incur the cost of a proposal, given:

A. consideration of the state's economy;

The Governor included and recommended this proposal for his Proposed Budget for SFY2011; the General Assembly concurred, and appropriated the funds necessary to sustain the renovation project.

B. consideration of the statements of authorities and/or parties affected by such proposals;

The Hospital has communicated this proposal to various constituencies, including but not limited to the Hospital Association, the Rhode Island Council of Community Mental Health Organizations, the National Alliance for the Mentally Ill (NAMI), and the legal advocates who represent our patients. None have offered comment at this time.

C. economic, financial, and/or budgetary constraints of parties affected by such proposals, including cost impact statements submitted by the State Medicaid Agency or State Budget Officer;

Based upon the special circumstance of this proposal originating with the State public hospital, we have solicited letters of support from both the Medicaid Single State Agency and the State Budget Office.

Appendix A

Request for Expeditious Review

- 1.) Name of applicant: **Eleanor Slater Hospital**
- 2.) Indicate why an expeditious review of this application is being requested by marking at least one of the following with an 'X'.

- ☐ a. for emergency needs documented in writing by the state fire marshal or other lawful authority with similar jurisdiction over the relevant subject matter;
- ☒ b. for the purpose of eliminating or preventing fire and/or safety hazards certified by the state fire marshal or other lawful authority with similar jurisdiction of the relevant subject matter as adversely affecting the lives and health of patients or staff;
- ☒ c. for compliance with accreditation standards failure to comply with which will jeopardize receipt of federal or state reimbursement;
- ☐ d. for such an immediate and documented public health urgency as may be determined to exist by the Director of Health with the advice of the Health Services Council.

None of the buildings proposed to be vacated have active and effective fire control and suppression equipment, a probable (although uncited) State fire and safety standards, as well as accreditation standards established by the Joint Commission on Accreditation of Healthcare Organizations. Citation by either organization could jeopardize current operations and future federal reimbursement. The Hospital is submitting this proposal in a proactive effort to avoid those consequences.

- 3.) For each response with an 'X' beside it in Question 2 above, furnish documentation as indicated:

- 2.a: a written communication from the State Fire Marshal or other lawful authority with similar jurisdiction over the relevant subject matter setting forth the particular emergency needs cited and the measures required to meet the emergency;
- 2.b: documentation from the State Fire Marshal or other lawful authority with similar jurisdiction of the relevant subject matter certifying that particular fire and/or safety hazards currently exist which adversely affect the life and health of patients or staff and outlining the measures which must be taken in order to alleviate these hazards;
- 2.c: a written communication from the accrediting agency naming specific deficiencies and required remedies for situations failure of compliance with which will jeopardize receipt of federal or state reimbursement;
- 2.d: a complete description and documentation of the immediate and documented public health urgency, which, in the applicant's opinion, necessitates an expeditious review.

As stated above, the Hospital has not yet received citations from either the State Fire Marshal or the Joint Commission on Accreditation of Healthcare Organizations. All building and renovations plans will be reviewed by the state Fire Marshal and State

Building Code Commission for adherence to current fire, life safety and building codes for these use groups. All recommendations from the authorities having jurisdiction will be incorporated into the bid document set. A copy of all approvals from the state Fire Marshal and State Building Code Commission will be provided as soon as they become available.

Appendix B

Provision of Health Services to Inpatients

1. Are there similar programmatic alternatives to the provision of institutional health services as proposed herein which are superior in terms of:

a. Cost ☐ Yes ☒ No
b. Efficiency ☐ Yes ☒ No
c. Appropriateness ☐ Yes ☒ No

2. For each No response in Question 2, discuss your finding that there are no programmatic alternatives superior to this proposal separately for each such finding.

The Hospital believes that no superior programmatic alternative exists. As stated earlier in Appendix A, the buildings proposed to be vacated are not in compliance with current life/safety standards. Renovation of those buildings is estimated to be more expensive than this proposal, with considerably more patient disruption during the construction and renovation phase. Construction of a new treatment facility was seen to be cost-prohibitive.

3. For each Yes response in Question 2, identify the superior programmatic alternative to this proposal, and explain why that superior alternative was rejected in favor of this proposal separately for each such finding..

4. In the absence of proposed institutional health services proposed herein, will patients encounter serious problems in obtaining care of the type proposed in terms of:

a. Availability ☐ Yes ☒ No
b. Accessibility ☐ Yes ☒ No
c. Cost ☐ Yes ☒ No

5. For each Yes response in Question 5, please justify and provide supporting evidence separately for availability, accessibility and cost.

Appendix C

Nursing Home Proposals

NOT APPLICABLE

1. Provide the current patient census at the facility by payer source in the table below.
Date of Census __/__/__, Licensed bed capacity ____.

Payor	Number of Patients	Percent of Total
Medicare		%
RI Medicaid		%
Non-RI Medicaid		%
Private Pay		%
Veterans		%
Other: (specify _____)		%
TOTAL:		100%

2. Please complete the following Medicaid per diem worksheet for the facility.

Expense	COSTS		REIMBURSEMENT		MAXIMUM RATE	
	Current FY 20__	First FY 20__ Project Approved (proposed)	Current FY 20__	First FY 20__ Project Approved (proposed)	Current FY 20__	First FY 20__ Project Approved (proposed)
Pass Through Cost Center						
Fair Rental Cost Center						
Direct Labor Cost Center						
Other Operating Expenses						
TOTAL:						

3. Pursuant to Section 5.8 of the Rules and Regulations for Licensing of Nursing Facilities (R23-17-NF), please demonstrate that the applicant or proposed license holder shall have sufficient resources to operate the nursing facility at licensed capacity for thirty (30) days, evidenced by an unencumbered line of credit, a joint escrow account established with the Department, or a performance bond secured in favor of the state or a similar form of security satisfactory to the Department, if applicable.

4. Complete the following itemization of projected utilization and net patient revenue for the first full operating year.

Payors	Implemented	Not Implemented	Incremental Difference
MEDICAID			
Per Diem Revenue			
Patient Days			
Total Revenue			
MEDICARE			
Per Diem Revenue			
Patient Days			
Total Revenue			
COMMERCIAL			
Per Diem Revenue			
Patient Days			
Total Revenue			
PRIVATE PAY			
Per Diem Revenue			
Patient Days			
Total Revenue			
VETERANS			
Per Diem Revenue			
Patient Days			
Total Revenue			
Other			
Per Diem Revenue			
Patient Days			
Total Revenue			
TOTAL PATIENT REVENUE			
TOTAL PATIENT DAYS			

5. Based on the format below, please provide a summary of the applicant's administrative and operational policies and procedures to provide individualized and resident-centered care, services, and accommodations, and a sense of peace, safety, and community, and clearly identify how the proposal would advance these areas:

- a. Resident's physical environment:
 - i. Accommodations for privacy vs. congregate and common areas;
 - ii. Choice and autonomy in personal space, fixtures, furniture;
 - iii. Access to and involvement in decentralized services, such as, community kitchen(s), laundry, activities;

- iv. Access to outdoors and outdoor activities (e.g., sunrooms, patios, gardens and gardening);
- b. Resident-centered systems of care:
 - i. Security systems and care delivery systems to foster autonomy, choice, and negotiated risk;
 - ii. Individualized daily/nightly scheduling (e.g., daily rhythm, going to bed, waking);
 - iii. Dining flexibility (e.g., time, access to dining style and menu choice);
 - iv. Lifestyle/activities flexibility;
- c. Workforce administration:
 - i. How do staffing schedules and assignments ensure consistent delivery of resident services and foster relationship building?
 - ii. Administrative status strategies for dealing with licensed staff turn-over (e.g. Registered nurses, Licensed Practical nurses, Nursing Assistants)

Appendix D

All applications must be accompanied by responses to the questions posed herein.

1. Provide a description and schematic drawing of the contemplated construction or renovation or new use of an existing structure and complete the Change in Space Form.

Please see the proposed conceptual plan for the Varley Building. Architectural Services for the Mathias Building design are currently under procurement. The buildings are very similar, in terms of layout and program, so we envision no major changes in the conceptual plan for Mathias.

2. Please provide a letter stating that a preliminary review by a Licensed architect indicates that the proposal is in full compliance with the 2006 edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities" and identify the sections of the guidelines used for review. Please include the name of the consulting architect, and their RI Registration (license) number and RI Certification of Authorization number.

The final plans for the Varley Building will be reviewed by the Project Architect, design team consultants and the project code consultant to comply with the appropriate sections of the 2006 edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities". The project architect is Thomas Lonardo #1909; COA #A-14,031. The Mathias building will be in full compliance and documentation will be forwarded as it is available.

3. Provide assurance and/or evidence of compliance with all applicable federal, state and municipal fire, safety, use, occupancy, or other health facility licensure requirements.

The Hospital intends to comply with all applicable requirements, and so assures the Health Services Council. The appropriate documentation will be provided as soon as it is obtained from Authorities Having Jurisdiction

4. Does the construction, renovation or use of space described herein corrects any fire and life safety, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), U.S. Department of Health and Human Services (DHHS) or other code compliance problems: Yes X No _____

- o If Yes, include specific reference to the code(s). For each code deficiency, provide a complete description of the deficiency and the corrective action being proposed, including considerations of alternatives such as seeking waivers, variances or equivalencies.

Building(s) were reviewed under the following codes; RI Life Safety Code (2003 edition) Rhode Island Uniform (2003 edition), Chapter 33- Existing Residential Board and Care Occupancy, Chapter 29-Existing Business. NFPA 1 National Fire Code(2003 edition), NFPA 13 National Sprinkler Code (2002 edition). NFPA 70 National Electric Code (2002 edition), NFPA 72 National Fire Alarm Code (2002 edition),NFPA 80 Standard for Fire Doors and Windows (2002 edition), NFPA 101 National Life Safety Code (2003 edition). We believe

that the buildings proposed to be vacated are in substantial non-compliance with these standards.

The final bid documents and the inspections to follow during and after construction by the Authorities Having Jurisdiction will assure full fire, life safety and building code compliance.

5. Describe all the alternatives to construction or renovation which were considered in planning this proposal and explain why these alternatives were rejected.

No alternate space exists within the Pastore Government Center to create a centralized hospital zone as is proposed here. The development of a central hospital zone at Pastore complex will allow for operational efficiencies and create a ready opportunity for patients to use shared rehabilitative services. Relocation of the hospital to the University of Rhode Island was considered but it was deemed cost prohibitive and consolidation at Eleanor Slater Hospital at Zambarano would have required at least a similar scope of renovation or construction.

6. Attach evidence of site control, a fee simple, or such other estate or interest in the site including necessary easements and rights of way sufficient to assure use and possession for the purpose of the construction of the project.

The site is owned by the state of Rhode Island and is under the custody and control of Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH).

7. If zoning approval is required, attach evidence of application for zoning approval.

The hospital is approved for its current use.

8. If this proposal involves new construction or expansion of patient occupancy, attach evidence from the appropriate state and/or municipal authority of an approved plan for water supply and sewage disposal.

Not applicable

9. Provide an estimated date of contract award for this construction project, assuming approval within a 120-day cycle.

It is projected that an award for the renovation of the Varley Building (Phase one of two phases) will be made by early July 2011.

10. Assuming this proposal is approved, provide an estimated date (month/year) that the service will be actually offered or a change in service will be implemented. If this service will be phased in, describe what will be done in each phase.

The Varley building is scheduled for completion in October 2011 ,The Mathias building is scheduled for completion in December 2013.

11. Describe the arrangements that have been made for architectural services, including the name, address of the architect, RI Registration Number and RI Certification of Authorization number.

The architect for the Varley Building is Thomas Lonardo (architecture license # 1909, Thomas Lonardo & Associates, 80 Atwood Avenue, Cranston, RI 02920). The certificate of Authorization is A-14,031.

Architectural services for the Mathias Building are under procurement.

Change in Space Form Instructions

The purpose of this form is to identify the major effects of your proposal on the amount, configuration and use of space in your facility.

Column 1

Column 1 is used to identifying discrete units of space within your facility, which will be affected by this proposal. Enter in Column 1 each discrete service (or type of bed) or department, which as a result of this proposal is:

- a.) to utilize newly constructed space
- b.) to utilize renovated or modernized space
- c.) to vacate space scheduled for demolition

In each of the Columns 3, 4, and 5, you are requested to disaggregate the construction, renovation and demolition components of this proposal by service or department. In each instance, it is essential that the total amount of space involved in new construction, renovation or demolition be totally allocated to these discrete services or departments listed in Column 1.

Column 2

For each service or department listed in Column 1, enter in this column the total amount of space assigned to that service or department at all locations in your facility whether or not the locations are involved in this proposal.

Column 3

For each service or department, please fill in the amount of space which that service or department is to occupy in proposed new construction. The figures in Column 3 should sum to the total amount of space of new construction in this proposal.

Column 4

For each service or department, please fill in the amount of space, which that service or department is to occupy in space to be modernized or renovated. The figures in column 4 should sum to the total amount of space of renovation and modernization in this proposal.

Column 5

For each service or department fill in the amount of currently occupied space which is proposed to be demolished. The figures in Column 5 should sum to the total amount of space of demolition specified in this proposal.

Column 6

For each service or department entered in Column 1, enter in this column the total amount of space which will, upon completion of this project, be assigned to that service or department at all locations in your facility whether or not the locations are involved in this proposal.

Column 7

Subtract from the amount of space shown in Column 6 the amount shown in Column 2. Show an increase or decrease in the amount of space.

Change in Space Form

Please identify and provide a definition for the method used for measuring the space (i.e. gross square footage, net square footage, etc.):

We have shown the space actually (or projected to be) utilized for patient care.

1. Service or Department Name	2. Current Space Amount	3. New Construction Space Amount	4. Renovation Space Amount	5. Amount of Space Currently Occupied to be Demolished	6. Proposed Space Amount	7. Change [(6)-(2)]
Adolph Meyer Building	73,288	0	0	NA	0	(73,288)
Johannes Virks Building	18,983	0	0	NA	0	(18,983)
Phillippe Pinel Building	18,487	0	0	NA	0	(18,487)
James Varley Building	0	0	65,936	NA	65,936	65,936
Manuel Mathias Building	0	0	84,938	NA	84,938	84,938
TOTAL:	110,758	0	150,874	NA	150,874	40,116

Appendix E

Acquisition of Health Care Equipment Valued in Excess of \$1,000,000

NOT APPLICABLE

Complete separate copies of this appendix for each piece of such equipment contained in this application.

1. Identify the proposed equipment (and current if it is being replaced) and at least two similar alternative makes or models that were considered for acquisition in the following format

	Current Equipment	Proposed Equipment	Alternative 1	Alternative 2
Type of Equipment				
Name of Manufacturer				
Make and Model Number				
Capital Cost of Equipment				
Operating Cost				

2. Describe the clinical application for which the proposed equipment will be used.
3. Please identify the reasons the alternative two options were rejected in favor of the proposed equipment
4. If the proposal is to replace current existing equipment, please provide the following information:

	Current Equipment
Date of Acquisition	
Expected Salvage Value	
Remaining Useful Life	
Method of disposition	

5. Please state below the number of new full-time equivalent personnel by job category whom you will hire in order to operate the proposed equipment.

Job Category	Number of FTE's	Payroll Expense

6. Please describe below your anticipated utilization for this equipment for each of the three fiscal years following acquisition of this equipment.

Fiscal Year	20	20	20
Hours of Operation			
Utilization			
Potential Throughput			
Utilization Rate (%)			

Appendix F

Financing

NOT APPLICABLE

Applicants contemplating the incurrence of a financial obligation for full or partial funding of a certificate of need proposal must complete and submit this appendix.

1. Describe the proposed debt by completing the following:
 - a.) type of debt contemplated: _____
 - b.) term (months or years): _____
 - c.) principal amount borrowed _____
 - d.) probable interest rate _____
 - e.) points, discounts, origination fees _____
 - f.) likely security _____
 - g.) disposition of property (if a lease is revoked) _____
 - h.) prepayment penalties or call features _____
 - i.) front-end costs (e.g. underwriting spread, feasibility study, legal and printing expense, points etc.) _____
 - j.) debt service reserve fund _____
2. Compare this method of financing with at least two alternative methods including tax-exempt bond or notes. The comparison should be framed in terms of availability, interest rate, term, equity participation, front-end costs, security, prepayment provision and other relevant considerations.
3. If this proposal involves refinancing of existing debt, please indicate the original principal, the current balance, the interest rate, the years remaining on the debt and a justification for the refinancing contemplated.
4. Present evidence justifying the refinancing in Question 3. Such evidence should show quantitatively that the net present cost of refinancing is less than that of the existing debt, or it should show that this project cannot be financed without refinancing existing debt.
5. If lease financing for this proposal is contemplated, please compare the advantages and disadvantages of a lease versus the option of purchase. Please make the comparison using the following criteria: term of lease, annual lease payments, salvage value of equipment at lease termination, purchase options, value of insurance and purchase options contained in the lease, discounted cash flows under both lease and purchase arrangements, and the discount rate.
6. Present a debt service schedule for the chosen method of financing, which clearly indicates the total amount borrowed and the total amount repaid per year. Of the amount repaid per year, the total dollars applied to principal and total dollars applied to interest must be shown.
7. Please include herewith an annual analysis of your facility's cash flow for the period between approval of the application and the third year after full implementation of the project.

Appendix G

Ownership Information

All applications must be accompanied by responses to the questions posed herein.

1. List all officers, members of the board of directors, trustees, stockholders, partners and other individuals who have an equity or otherwise controlling interest in the applicant. For each individual, provide their home and business address, principal occupation, position with respect to the applicant, and amount, if any, of the percentage of stock, share of partnership, or other equity interest that they hold.

The Governing Body of Eleanor Slater Hospital is comprised of the following individuals, all of whom are State employees, who can be reached through the Office of the Director of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) located at 14 Harrington Road, Cranston, RI 02920:

Craig S. Stenning, Chairperson (also the Director of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals)

John R. Young, Chief Executive Officer

Paul J. Despres, Chief Operating Officer

Charlene A. Tate, M.D., Chief of Medical Staff and Clinical Services

Helene Martin, R.N., Nurse Executive

Fritz Pluviose, M.D., representing the Rhode Island Employed State Employed Physicians' Association

Charles Williams, Chief of Staff, BHDDH

Maureen Wu, Associate Director for Financial Management, BHDDH

Deborah George, Esq., Human Resources Administrator, R.I. Department of Administration

None of these employees has any ownership or equity interest in the Hospital.

2. For each individual listed in response to Question 1 above, list all (if any) other health care facilities or entities within or outside Rhode Island in which he or she is an officer, director, trustee, shareholder, partner, or in which he or she owns any equity or otherwise controlling interest. For each individual, please identify: A) the relationship to the facility and amount of interest held, B) the type of facility license held (e.g. nursing facility, etc.), C) the address of the facility, D) the state license #, E) Medicare provider #, and F) any professional accreditation (e.g. JACHO, CHAP, etc.).

To the best of our belief or knowledge, none of the individuals listed in response to Question 1 above are officers, directors, trustees, shareholders, or partners, or have equity or other interest in any other health care facilities within or outside Rhode Island.

3. If any individual listed in response to Question 1 above, has any business relationship with the applicant, including but not limited to: supply company, mortgage company, or other lending institution, insurance or professional services, please identify each such individual and the nature of each relationship.

None of the individuals listed in response to Question 1 above have any such relationship with the Hospital.

4. Have any individuals listed in response to Question 1 above been convicted of any state or federal criminal violation within the past 20 years? Yes ___ No **X**.

- If response 7 is 'Yes', please identify each person involved, the date and nature of each offense and the legal outcome of each incident.

5. Please provide organization chart for the applicant, identifying all "parent" entities with direct or indirect ownership in or control of the applicant, all "sister" legal entities also owned or controlled by the parent(s), and all subsidiary entities owned by the applicant. Please provide a brief narrative clearly explaining the relationship of these entities, the percent ownership the principals have in each (if applicable), and the role of each and every legal entity that will have control over the applicant.

See enclosed.

6. Please list all licensed healthcare facilities (in Rhode Island or elsewhere) owned, operated or controlled by any of the entities identified in response to Question 5 above (applicant and/or its principals). For each facility, please identify: A) the entity, applicant or principal involved, B) the type of facility license held (e.g. nursing facility, etc.), C) the address of the facility, D) the state license #, E) Medicare provider #, and F) any professional accreditation (e.g. JACHO, CHAP, etc.).

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals does not own, operate or control any other licensed healthcare facilities in Rhode Island.

7. Have any of the facilities identified in Question 5 or 6 above had: A) federal conditions of participation out of compliance, B) decertification actions, or C) any actions towards revocation of any state license? Yes ___ No **X**
- If response is 'Yes', please identify the facility involved, the nature of each incident, and the resolution of each incident.
8. Have any of the facilities owned, operated or managed by the applicant and/or any of the entities identified in Question 5 or 6 above during the last 5-years had bankruptcies and/or were placed in receiverships? Yes ___ No **X**
- If response to is 'Yes', please identify the facility and its current status.
9. If the applicant is a partnership, please attach a copy of the Certificate of Partnership and the Partnership Agreement. If the applicant is a corporation, please attach a copy of the Certificate of Incorporation, the Articles of Incorporation and the By Laws. If the applicant is a limited liability company, please attach a copy of the Certificate of Organization, the Articles of Organization and the Operating Agreement.

Not Applicable.

Tab 1

ELEANOR SLATER HOSPITAL

ADMISSIONS, DISCHARGE and TRANSFER POLICY

ADMISSION POLICY:

The Eleanor Slater Hospital is a two-campus hospital in Rhode Island consisting of a Cranston campus and a Burrillville campus (called the Zambarano Unit). Medical services are available at both units. The majority of psychiatric and all ventilator services are available at the Cranston Unit. Although attempts are made to accommodate patient's wishes, the appropriate campus and unit for admission will be determined by the Chief of Medical Staff and Clinical Services or designee and the hospital admissions team.

Eleanor Slater Hospital provides services to patients with complex medical and psychiatric illness who require an intensive, interdisciplinary plan of care not available in community settings. Patients are admitted upon written order of a member of the Medical Staff of Eleanor Slater Hospital. Every patient admitted to the hospital shall be, and remains, under the care of a member of the medical staff as specified under the Medical Staff Bylaws and Rules and Regulations.

An applicant must be a legal permanent resident of Rhode Island. No person shall be denied admission because of race, color, religion, ancestry, sexual orientation, or national origin.

Patients whose needs can be met in an existing community setting will not be considered for admission.

The Chief of Medical Staff and Clinical Services or designee (the appointed Physician Reviewer) will make a preliminary determination as to the appropriate unit for a prospective patient and will refer the application to that unit's admissions team for detailed analysis and review.

The Eleanor Slater Hospital has the following admissions teams/services:

- Adult Psychiatry (Cranston campus)
- Geriatric Psychiatry (Cranston campus)
- Forensic Psychiatry (Cranston campus)
- Internal Medicine (Cranston and Zambarano campus)

Our Admissions Office is available 8:30 a.m. until 4:00 p.m., Monday through Friday, at (401) 462-3433. This office will coordinate a pre-admissions assessment, insurance verification and pre-certification.

The admissions process begins with a referral (application) which must be completed and signed by a physician. Application forms may be obtained from the Admissions Office or online at <http://www.mhrh.ri.gov/esh/application/php>.

The completed application for admission must be signed by the applicant (patient) or legal proxy for consent.

The Admissions Office shall log when the application was received, from whom the application was received and attach an internal hospital cover sheet.

The Admissions Office forwards all applications to the Physician Reviewer that is appointed by the Chief of Medical Staff. If the patient is felt to be potentially appropriate, the application is then forwarded to the appropriate Admissions Team. If the patient is accepted for admission, the pre-admission screen is forwarded to the Office of Patients' Resources and Benefits for financial clearance.

Prior to admission, a personal interview with one or more Eleanor Slater Hospital team members and the patient (or an authorized representative of the applicant, if the applicant is incompetent) is scheduled. The agenda for the interview shall consist of a discussion of the hospital structure and function, a determination of the needs of the patient and whether or not they can be met, as well as a discussion of the patient's long-term goals. Also, a potential explanation of, and consent to, the following may be begun:

- Admission Agreement Form
- HIPAA
- Patient's Rights and Responsibilities
- Advance Directive (Patient Self-Determination Act)

Admissions should arrive before 11:00 am but must arrive no later than 1:00 pm (unless as agreed upon by the team accepting the patient).

The Interagency Referral Form must accompany the applicant upon admission and be properly signed by the referring physician. Updated information must also accompany the applicant upon admission, i.e., Discharge Summary (but at a minimum, the latest medication list and progress notes).

Whenever possible, patients will be screened for MRSA and VRE prior to admission.

All patients will be informed of, and offered, advance directive upon admission, if not already completed. Informed consent will be signed by the patient or legal representative for diagnostic and treatment procedures, when required.

In case of incompetency (due to mental disability), or the inability of the applicant to provide consent, the following provisions apply:

1. A relative of the patient will be sought to obtain a written signature on the application. In the event that the relative resides out of State, the referring facility must make every attempt to contact the relative out of State and obtain a written signature on the application. The application process will be delayed if sent out without proper signature.
2. If a relative is estranged/refuses involvement, the referring facility should then proceed with alternative means to provide consent, i.e., court certification or appointment of a legal guardian.
3. When a patient is protesting admission, only a legally-appointed guardian can authorize consent for admission and treatment.

Medical Admissions:

Admission to a medical unit of Eleanor Slater Hospital is dependent upon multiple variables including medical appropriateness, potential to benefit from admission, and the Hospital's ability to meet the applicant's needs.

The following criteria are utilized to help determine appropriateness for medical admission:

- The presence of a medical condition(s) that prohibits the activities of daily living and self-preservation.
- The need for supervised nursing care 24 hours/day.
- Expected length of stay is at least one month.
- The applicant is 18 years of age or older.
- The applicant has been approved for admission via the Preadmission Screening Assessment process and is medically stable for transfer.
- The applicant's medical needs cannot be met in an existing community long-term care setting.
- Access to the volume/variety of services needed is precluded in the community by the applicant's medical condition(s).
- The applicant has concomitant behavioral problems that undermine safe medical care in a community setting.
- The applicant needs, and is likely to comply and benefit from, comprehensive long-term interdisciplinary medical/nursing/behavioral/rehabilitative and other services.
- The Hospital must be able to meet the applicant's medical, behavioral, and psychiatric needs as determined by the medical Pre-Admission Screening Assessment.
- The applicant and/or legal proxy consent to the Hospital's Admission Agreement.

A variety of medical conditions may meet the clinical criteria established for admission. These examples do not guarantee admission or the availability of needed services at any particular time:

- Ventilator Dependent Respiratory Insufficiency
- Respiratory Insufficiency requiring Tracheostomy
- Neurological conditions including neuromuscular/neurovascular/neurodegenerative disease
- Traumatic Brain Injury or other conditions caused by trauma
- Extensive wounds: pressure ulcers, surgical wounds, traumatic wounds and diabetic ulcers
- Infectious diseases, i.e., complications from meningitis, encephalitis or AIDS
- Multi system/organ failure
- Post-Operative complications resulting in the criteria above
- Conditions requiring PT, OT, Speech, neuro-cognitive rehabilitation
- Complications from Morbid Obesity such as PE, DVT, surgical complications, safety in the home, etc., provided medical and behavioral compliance has been established.

Psychiatry Admissions:

Adult Psychiatry admission is sometimes indicated for a variety of conditions including:

- Psychiatric symptoms (i.e., hallucinations, delusions, panic reaction, anxiety, agitation, depression) severe enough to cause disordered behavior (i.e., catatonia, mania, incoherence or psychomotor retardation) resulting in significant interference with activities of daily living.
- Disorientation or memory impairment severe enough to endanger the welfare of self or others.
- Behavior that has been refractory to acute hospital interventions.
- Behavior that has been refractory to outpatient treatment that may be appropriate for admission in certain circumstances including: self-mutilative behavior, poor impulse control, inability to maintain physical boundaries, destructive behavior (to property), sexually inappropriate behavior and assaultive behavior.

The following criteria must be met for admission to the Adult Psychiatry Services:

- Applicant has been screened by the appropriate community mental health center that shall be responsible for submitting the "Eleanor Slater Hospital Application for Admission to Adult Psychiatric Services" form.
- The acute care community psychiatric hospital shall be responsible for submitting the "Eleanor Slater Hospital Application for Admission" form.
- Applicant is severely psychiatrically impaired with chronic and persistent mental illness.
- Applicant has been previously hospitalized in an acute psychiatric facility and remains in need of hospital level psychiatric services. Both applications have been accepted and approved by the Chief of Psychiatric Services with recommendation from the Psychiatric Services Admission Team.
- Applicant is between 18 and 64 years of age and is medically stable.

Geriatric Psychiatry Admissions:

Geriatric psychiatry admission is sometimes indicated for:

- Alzheimer's dementia and related disorders
- Schizophrenia
- Schizoaffective disorder
- Bipolar illness
- Depression
- Concomitant behavioral problems that undermine safe psychiatric care in a community setting.

Forensic Psychiatry Admissions:

Admissions to the forensic unit are court ordered and processed with the assistance of the Director of Forensic Services and the Eleanor Slater Hospital legal representative. Pursuant to the Rhode Island Forensic Statute, court ordered referrals include:

- Persons transferred from the Department of Corrections with a finding of incompetence to stand trial upon initial psychiatric evaluation.
- Person adjudicated incompetent to stand trial by the court.
- Persons ordered transferred by the court for specialized mental health care and psychiatric inpatient services, which cannot be provided in a correctional facility after application by the Department of Corrections or the Department of Mental Health, Retardation and Hospitals.
- Persons found not guilty by reason of insanity.

DISCHARGE POLICY:

The Eleanor Slater Hospital provides safe and appropriate discharge planning for all patients who no longer require hospital services as determined by the primary care team. A social worker develops and supervises the development of the plan and the results are shared with the patient or legal proxy.

Patients are discharged only upon written order of a Member of the Medical Staff of the Eleanor Slater Hospital.

Designated hospital personnel shall complete the "Continuity of Care" form for each patient discharged to another health care facility.

The Eleanor Slater Hospital will discharge any patient certified or admitted pursuant to the provisions of the Rhode Island Mental Health Law when:

1. suitable alternatives to certification or admission are available; or
2. the patient is, in the judgment of the treating psychiatrist and the Chief of Psychiatric Services or designee, recovered; or

3. the patient is not recovered, but discharge, in the judgment of the treating psychiatrist and the Chief of Psychiatric Services or designee, will not create a likelihood of serious harm to him/her self or others by reason of mental illness.

The Eleanor Slater Hospital discharges patients, when appropriate, as determined by the primary care team. Discharge is initiated when:

1. Treatment team goals for hospitalization have been met.
2. Barriers to discharge have been addressed to the degree that the patient can be adequately managed in a less restrictive or intensive care setting.
3. A community setting has concurred that the patient's needs could be met in that setting.

The Eleanor Slater Hospital works closely and collaboratively with hospitals, mental health centers, group homes, nursing homes and other healthcare agencies, to facilitate optimal discharge planning.

Patients and their families are invited to participate in the discharge planning process when hospital level care is no longer required as determined by the patient's treatment team and placement is being planned.

The unit social worker shall notify the family, once the team identifies a patient as ready for discharge, with a specific date of discharge.

When copies of medical records are required by an agency for discharge, they shall be released in accordance with hospital policy and requirements of HIPAA.

Patients seeking re-admission will be re-evaluated as soon as possible. Patients discharged longer than 30 days require a new application; updated medical records are required for those discharged less than 30 days.

Discharge from Adult Psychiatry Services to the Community:

All discharges will occur at a specific time that will be agreed upon with the unit social worker and the treatment team. At the appointed discharge time, the patient will be ready (with all personal belongings packed).

A *Continuity of Care* form will be completed for all patients discharged. The unit nurse will insure that all staff has completed their appropriate sections. All attempts should be made for this to be done 48 hours prior to discharge.

The social worker will ensure that the patient has cash available on the unit at the time of discharge. A check representing the remainder of the patient's account can be forwarded to the discharge destination within seven to ten days.

All discharge prescriptions will be written upon discharge. The Eleanor Slater Hospital will provide no more than two week's worth of medications. Each patient will have an appointment documented with a physician preferably within two weeks after discharge. If the appointment with a physician cannot be scheduled within two weeks of discharge, the team will consider delaying the discharge to permit such a timely appointment.

The overall discharge shall be coordinated by the unit social worker and the first shift registered nurse.

Mental health center or group home representatives who have been involved on site in the discharge process may document the acceptance of the patient by a detailed plan and the appropriate dates regarding discharge on the *Discharge Coordination Form*. There should be a mental health center appointment documented in the chart and on the interagency form prior to discharge for follow up care.

When copies of medical records are required by the agency for discharge, they shall be released with written permission from the patient and stamped "confidential" as per medical records policy.

If a patient needs to return after a discharge, a brief stay in an acute facility prior to reassessment may be necessary.

Discharge from Adult Psychiatric Services to Another Hospital:

Planned discharges from the Adult Psychiatric Services to other hospitals will take place between 10:00 am and 12:00 pm.

At the appointed discharge time, the patient will be ready with all personal belongings. It will be the responsibility of the nursing staff at the time of discharge to prepare any needed belongings for the patient.

There will be an interagency completed for all patients. The unit nurse will insure that all staff has completed their appropriate sections. Except in emergencies, this shall be done 48 hours prior to discharge.

The patient shall be transferred to the receiving facility by ambulance when appropriate.

The social worker will see that a check representing the remainder of the patient's account will be forwarded to the receiving facility within seven to ten days.

No prescriptions will be written for discharge to another hospital. The patient's current medications will be documented on the interagency form by the psychiatrist.

The overall discharge shall be coordinated by the social worker and the first shift registered nurse.

When copies of medical records are required by the agency for discharge, they shall be released with written permission from the patient (except in emergency) and stamped "confidential" in accordance with hospital policy and requirements of HIPAA.

Discharge Dispute Process:

All voluntary psychiatric patients admitted in accordance with the Rhode Island Mental Health Law have a right to request discharge from the psychiatric units of the Eleanor Slater Hospital. The nurse shall allow any voluntary patient, who expresses the intent to leave, the opportunity to sign the *Adult Voluntary Applicant's Notification of Intent to Leave* (form MHL 3) and notify the treating psychiatrist as per Eleanor Slater Hospital nursing policy. A voluntary patient shall be discharged no later than the end of the business day following his or her presenting a written notice of his or her intent to leave the facility, subject to the following:

1. If the psychiatrist feels that the patient is ready for discharge, the patient shall be discharged. If the psychiatrist feels the patient would be a danger to him/herself or others if unsupervised in the community, he/she shall refuse to release the patient. The patient shall be notified of the reasons for this refusal in writing (using form MHL 17) no later than 12 hours after the decision is made. The psychiatrist shall then initiate civil court certification procedures, and shall give the patient written notification of this decision (using Form MHL 5). If the patient has a legal guardian, the guardian shall be notified in writing as well (using Form MHL 6).
2. The psychiatrist shall initiate the civil court certification procedure in accordance with the Rhode Island Mental Health Law. The filing of this petition shall not exceed two (2) business days.
3. At no time will a patient's status or privileges change subsequent to a filing of a written intent to leave without clinical justification. This filing of an intent to leave shall not, in and of itself, be considered clinical justification for a change in status or privileges.

When a medical patient's request for discharge is not felt to be appropriate, the patient may leave against medical advice (AMA); or, the patient could be placed on 24-hour (business day) emergency hold while awaiting psychiatric assessment.

In instances where a patient and/or their legal proxy do not agree with the plan and discharge decision made by the Treatment Team, the patient, and/or legal proxy may request an appeal. Specific steps within the appeal/review process include:

1. A special team meeting is scheduled to focus on the specific plan for patient discharge. Appropriate family member(s) are sent a letter informing them of the date, time and place of the meeting. Family member(s) who indicate that they are not able to attend this meeting are allowed one opportunity to reschedule.
2. If family members demonstrate resistance to discharge by opposing discharge or failing to attend the scheduled discharge plan meeting, a letter is sent to them indicating that they may request a formal appeal and review of the plan for discharge. The letter requesting an appeal and review is to be sent to the Director of Social Work to allow for contact of appropriate individuals and establishment of a scheduled date and time for the formal review process.
3. A grid will be developed for use by the Director of Social Work to note contact times and dates pertinent to the appeal/review process and compliance with time frames connected to it, i.e., five business days for families to contact the Director of Social Work following receipt of appeal/review letter. The appeal/review meeting will be scheduled within no more than ten business days from the receipt of request for appeal/review.
4. The appeal/review meeting will be scheduled and appropriate parties notified by the Director of Social Work. The appeal/review meeting will allow for families to present their concerns to a physician selected by the hospital who will render a decision on the appeal. It is recommended that the individual selected to serve as the hospital appeal/review official be independent of the hospital treatment team connected to the specific patient.
5. In cases where hospital level care and Medicaid reimbursement become an issue, the appeal process may involve review by the Department of Human Services or other relevant agencies.

TRANSFER POLICY:

Patients shall be transferred only upon written order of a Member of the Medical Staff of the Eleanor Slater Hospital. All transfers are subject to the approval of the Chief of Medical Staff and Clinical Services or designee.

Transfers Outside Eleanor Slater Hospital:

The Eleanor Slater Hospital does not have an operating room for surgery, an intensive/cardiac care unit or an emergency room. Patients requiring these, or any other unavailable services acutely, must be transferred to an acute community hospital by

rescue or ambulance. Instructions for contacts for most emergency treatment and specialty care services are listed on the physician's monthly schedule.

The ultimate decision to transfer is made in discussion between the patient/legal proxy and the treating physician of the risks and benefits of transfer.

Once the decision to transfer is made, Eleanor Slater Hospital "Transfer of a Patient" policy (Nursing Policies 2002, Section 10 – Documentation, p. 23-25) is invoked. The transferring physician directly phones the triage nurse/physician of the accepting facility to give verbal medical report/sign out. The physician and nurse complete an interagency form and attach copies of the most recent pertinent medical information: the patient's cover/demographic sheet, synopsis form, medication administration record, code status sheet, one month of MD progress notes & orders, X rays/other diagnostics and blood work. Transfer follows via rescue or ambulance.

Patients transferred for scheduled appointments are accompanied by a photo identification card as well.

Transfers Within Eleanor Slater Hospital:

For transfers within the Eleanor Slater Hospital, when the physician caring for a patient believes that the patient would be better cared for in a different part of the Eleanor Slater Hospital, there will be direct physician-to-physician communication regarding the need for transfer. Nursing leadership and Physician Administrators coordinate potential transfers between campuses. Special team meetings may take place if further input is required.

Once a patient is felt to be appropriate for transfer, the admissions team of that unit will be notified to help coordinate the transfer and the two teams will meet, either in person or through teleconference, so that there is thorough communication of the patients' needs between the two teams. A transfer note then will be written by the physician transferring the patient and medication reconciliation will be performed by nursing and the accepting physician.

ELEANOR SLATER HOSPITAL
ADMISSIONS, DISCHARGE and TRANSFER POLICY

Helene C. Martin 10/19/10
Helene C. Martin Date
Nurse Executive

Charlene A. Tate 10/15/10
Charlene A. Tate, M.D. Date
Chief of Medical Staff and
Clinical Services

Paul J. Despres 10/15/2010
Paul J. Despres Date
Chief Operating Officer

John R. Young 10/20/2010
John R. Young Date
Chief Executive Officer

Craig S. Stanning 10/20/10
Craig S. Stanning Date
Director, BIDDH

ELEANOR SLATER HOSPITAL

DISCHARGE NOTICE

Date: ____/____/____

Name of Patient: _____

Attending Physician _____ MR #: _____

Date: _____

Dear Patient:: (name of patient) _____

Your doctor and the hospital have determined that you no longer require care in the hospital and will be ready for discharge on:

____/____/____
Date

IF YOU AGREE with this decision, you will be discharged. Be sure you have already received your written discharge plan, which describes the arrangements for any future health care you may need when you leave the hospital.

IF YOU DO NOT AGREE and think you are not medically ready for discharge or that your discharge plan will not meet your health care needs, you or your representative may request an appeal to review the discharge decision ("Review") within five (5) business days of your receipt of this Discharge Notice. Contact the Hospital by phoning 462-3081 if you would like a Review of the discharge decision.

IF YOU CANNOT REQUEST THE REVIEW YOURSELF and you do not have a family member or friend to help you; you may call the hospital representative at 462-3081, who will request the Review for you.

IF YOU REQUEST A REVIEW, within five (5) business days of requesting a Review of the Notice of Discharge the following will happen:

1. You or your representative will be asked for your contact information and the reasons why you or your representative think you need to stay in the hospital.
2. After speaking with you or your representative and your doctor and after reviewing your medical record, the Reviewer will make a decision, which will be given to you in writing.
3. While this initial ESH Review is being conducted, you will not be financially responsible for Hospital days.

Tab 2



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
BUDGET OFFICE
One Capitol Hill
Providence, R.I. 02908-5886

October 13, 2010

Michael K. Dexter
Chief, Office of Health Systems Development
Three Capitol Hill
Providence, Rhode Island 02908

Dear Mr. Dexter:

On behalf of the State Budget Office and the Capital Development Planning and Oversight Committee, please allow me to lend my enthusiastic support for the application of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals to consolidate the operations of Eleanor Slater Hospital into a singular "hospital zone" at the John O. Pastore Center. Spanning five years with a projected cost of \$28.6 million, this project will facilitate the efficient use of space on the hospital campus while significantly improving compliance with current hospital and life/safety standards. Furthermore, this project entails no changes to patient census, staffing levels, or the overall scope of treatment programs offered at Eleanor Slater.

Financed through the Rhode Island Capital Plan Fund (RICAP), the hospital consolidation project has been included as part of the Governor's statewide Capital Improvement Plan for the past several years. By vacating three outmoded buildings and renovating both the James Varley and Manuel Mathias buildings to accommodate eight modern patient care units, the Hospital will achieve a more centralized, interconnected, and cost-efficient operational structure. Through this consolidation, per-patient staffing and overtime costs can be reduced, and building maintenance and utility expenses minimized with no disruption to patient care. Moreover, vacated structures can be converted to uses more appropriate to public buildings of their age and design.

The Department of Administration is firmly committed to optimizing the utilization of existing State infrastructure to better meet the needs of the citizens of Rhode Island. I have no doubt that completion of this project will further this goal considerably, and again express my avid support for the Department's proposal.

Sincerely,

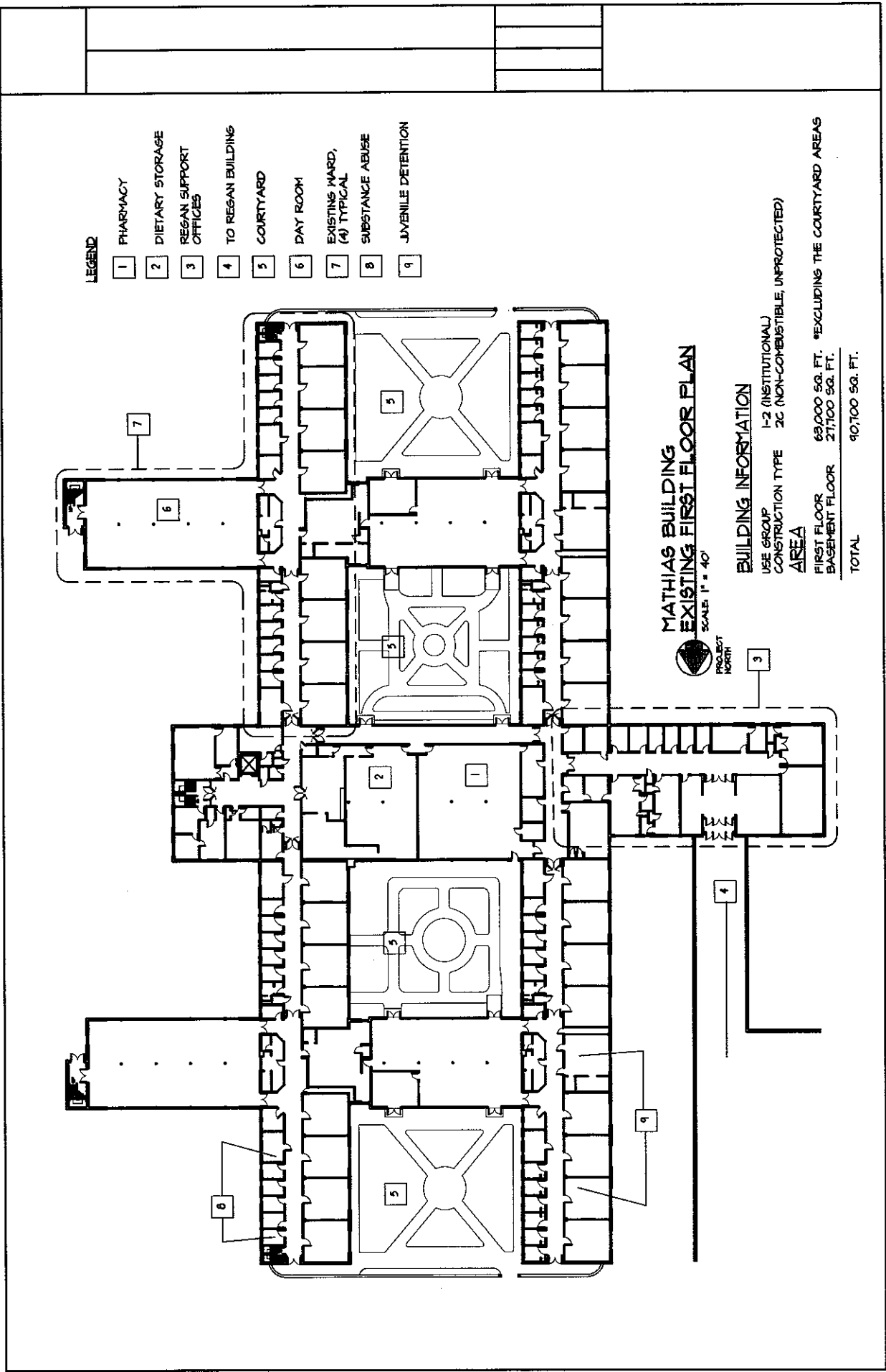
Thomas A. Mullaney
Executive Director/State Budget Officer

TAM:sm10-66
cc: Craig Stenning
✓ John Young

TDD#: 277-1227

Tab 3

10.0 Scale: 1" = 10'-0"



Tab 4

Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Eleanor Slater Hospital

